



Comments on the *Illinois Navigator Program Design Final Report*
Submitted July 27, 2012

Planned Parenthood of Illinois (PPIL) is pleased to have the opportunity to provide input on the design of the Illinois Navigator Program to the Health Care Reform Implementation Council.

PPIL is a statewide not-for-profit health care organization. Each year we serve approximately 70,000 Illinoisans. Last year we provided over 160,000 patient visits. For many of our patients, we are their only source of health care services. The overwhelming majority of our patients are low-income and covered by Medicaid, Illinois Healthy Women, or the Illinois Family Planning Program. Less than 15% of our patients currently have private health insurance. The cultural diversity of our patient base requires us to deliver services with cultural and linguistic competency. In addition to providing direct medical care, we engage in educational outreach in communities across the state.

PPIL has extensive experience in providing guidance and assistance to low-income individuals when determining eligibility and enrolling in various programs. We know how to help individuals calculate and document family income. We help them determine which programs will provide them with the services they need. And, we assist them in figuring out exactly what their coverage is and how to find subsidized care that may not be included by the program in which they are enrolled. Since its inception, we have been a leading enroller of women in the Illinois Healthy Women Program which is designed to provide family planning coverage for women at or below 200% of FPL. Also, we have been a Title X Family Planning provider for over 20 years and have enrolled thousands of individuals in this program.

When the Affordable Care Act is fully implemented in 2014 we expect to see significant changes in the payor mix of our patients. First, we expect an increase in the number of patients eligible for Medicaid. The Medicaid expansion will result in an increase in demand for our services by this population because a shortage of Medicaid providers of reproductive health care already exists. We also expect that many of our current patients will have the opportunity to enroll in private health plans. For a large number of these patients, this will be their first experience with private health insurance. Because we have provided them with financial and enrollment assistance in the past, they will look to us for help with determining new eligibility for Medicaid and/or participating in the Illinois Exchange.

Program Oversight and Administration

PPIL agrees that a “one-stop-shopping” approach will best serve consumers. We recommend a Navigator Program that includes well trained organizations that have experience in serving hard to reach individuals. The Program must assist consumers to easily and seamlessly enroll in coverage. Therefore, they should facilitate enrollment in insurance affordability programs and QHP’s.

We strongly urge the Council to **include in the Navigator Program as many non-profit agencies that have prior experience with providing enrollment assistance to low-income populations as possible. Health care providers that have such experience should be given the opportunity to act as Navigators for their current and new patients as well as the opportunity to conduct outreach.** The Navigators Programs must include organizations that are able to provide assistance to consumers in a culturally competent manner and be able to address language barriers.

Because we understand that there are many additional kinds of organizations that have an important role to play, **the Navigator Program should award grants to organizations based on a competitive RFP process that allows for a variety of agency types and a variety of approaches to outreach.** The agency types should include both non-profit health care providers and non-profit community organizations specializing in services to low-income and underserved populations. Multi-year contracts should be awarded to avoid interruption in services or frequent “handing off” of consumers.

PPIL agrees that a grant system is likely the most efficient method for payment to Navigators. In addition, we believe that bonus payments would provide incentives for agencies to not only meet, but also, exceed goals. Incentives will be particularly important in the first year when enormous numbers of Illinoisans will need to enroll for the first time. **Because of the required greater time and resource commitments involved, incentives or higher grant amounts must be available to agencies that enroll hard to reach individuals such as people who are homeless, medically underserved, and low-income. Moreover, agencies that conduct outreach to communities facing health disparities should be eligible for increased payments.** We do not agree that a 5% set aside of the total grant amount would provide enough incentive as a performance bonus. Instead, we recommend that a set grant amount be awarded with the opportunity for an additional meaningful performance bonus of 10-20%. Additionally, we recommend that the funding be reviewed on a biennial basis to ensure that the goals of the program are served by the funding mechanism.

We agree with the Report’s recommendation that Navigators should be selected and trained well in advance of the initial open enrollment period which begins in October 2013. A selection process, which is completed by July 1, 2013, will not only allow for several months to train Navigators, but also corresponds with the State’s fiscal year and allows grants funds to be distributed in a timely fashion to awardees so they will have the resources they need to prepare for the October deadline.

PPIL supports the recommendation that a formal certification process address the complexity of the Program while avoiding burdens that will drive away applicants. Licensure is not necessary for Navigators. Training must provide Navigators with the information and tools that allow them to assist people with understanding the Exchange, Medicaid, income verification, and QHP options. **It is very important that Navigators have training in BOTH insurance affordability programs and the products offered in the Exchange.** In addition, training should provide Navigators with resources to steer people to consumer assistance programs and help enrollees with questions and complaints regarding their

health coverage. Navigators should provide ongoing assistance to customers in order to meet their continued needs.

While annual certification may be necessary, we encourage consideration of continuing education opportunities for Navigators throughout the year. These trainings can be conducted in the form of webinars or conference calls which provide Navigators with updated information about the Program and the Exchange.

The Navigator Program must develop an efficient and easy to use online portal for reporting data to Navigators as well as a system for Navigators to submit reports as part of their grant agreement. Reports on data and the progress being made towards Program goals should be reported to the Exchange board and be included in reports about the Exchange which are made public.

Initially, the Navigator Program should be administered by the Department of Insurance until the Illinois Exchange is established. When a state-federal partnership comes into play, we recommend that the state continue to have oversight of the Navigator Program.

Financing the Navigator Program

PPIL agrees with the Report's recommendation that funding for the Navigator Program should come out of the Exchange Operational Budget. **At no time should the financial burden for the Navigator Program fall upon the customers of the Exchange or the health care providers serving individuals covered through the Exchange or insurance affordability programs.** Charging customers who may already face many challenges to enrollment will only make participation more difficult. Charging health care providers will only create disincentives to providing care for those covered through the Exchange or Medicaid. The Navigator Program, and the Exchange itself, should be funded by the insurance producers who will financially benefit from the new income received by selling products on the Exchange. Medicaid matching funds may also be utilized for financing the Program. State General revenue Funds should not be used.

Navigator Program Model

Initially, Navigators should focus on enrolling individuals rather than SHOP. However, the option for Navigators to have a role in the SHOP market should be considered in the future. An evaluation should be made within the first 12-24 months to determine changes in the model. The option of serving the SHOP market should not be closed off to Navigators until a reassessment including stakeholder input is made.

Program Operations and Ongoing Stakeholder Involvement

PPIL strongly encourages ongoing and regular input from stakeholders as the development of the Navigator Program moves forward. We recommend monthly meetings leading up to the initial open enrollment in October 2013. Thereafter, meetings can be scaled back but should continue on a regular basis to evaluate the program and provide feedback on making improvements. We

request that these meetings employ the use of tele/video conferencing to connect stakeholders from across the state.

Navigators should also be seen as an essential source of information and feedback on the enrollment process, eligibility determination, and Exchange operations. Prior to the initial open enrollment in October 2013, Navigators should meet with state officials. Another meeting should be held after the end of the first open enrollment period. Meetings should then be held annually. In addition, mechanisms should be set up to allow Navigators to provide feedback to state officials during the open enrollment in order to report serious issues and flaws in the system.

PPIL respectfully requests that you consider our comments as you move forward in developing the Navigator Program. We ask to be a continued resource should you have any questions or need additional information. In such circumstances, please contact Brigid Leahy, PPIL's Director of Legislative Affairs, at 217-522-6776 ext. 6002 or brigidl@ppil.org.